

TOWN OF AUSTERLITZ, NY  
PLANNING BOARD

APPLICATION FOR LOT MERGER

Owner-Applicant Name:

Mailing Address:

Tax map numbers of lots to be merged:

Nature of lots (e.g., vacant? residential? ) and if any structures are on any lot please describe:

Purpose of merger:

**Attach most recent survey.**

**Attach deeds.**

Please confirm, by signing this application, that the above statements are accurate and that you understand that once merged the parcels cannot again be divided except through the Town's subdivision process.

\_\_\_\_\_  
Applicant signature

Date: